

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6	1					
7	1					
8		1				
9		1				
10		4				
11		4				
12		4				
13		2				
14		4				
15		3				
16		3				
17		4				
18		4				
19		1				
20		1				
21		1				
22		3				
23		4				
24		4				
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30		4				
31		4				
32		4				
33		4				
34		4				
35		4				
36		1				
37		1				
38		1				
39		2				
40		2				
41		4				
42		4				
43		4				
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	114					
TOTAL CLAIMS	118					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						